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Results from MARS – Men, Accidents, Risk and Safety

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Publication date:
2013

Document Version
Accepted manuscript, peer-review version

[Link to publication from Aalborg University](#)

Citation for published version (APA):

Hansen, C. D., & Nielsen, K. J. (2013). *Masculinity and Lifting Accidents among Danish Ambulance Personnel: Results from MARS – Men, Accidents, Risk and Safety*. Abstract fra 20th Nordic Research Conference on Safety, Helsingør, Denmark.

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Masculinity and Lifting Accidents among Danish Ambulance Personnel

Results from MARS – Men, Accidents, Risk and
Safety

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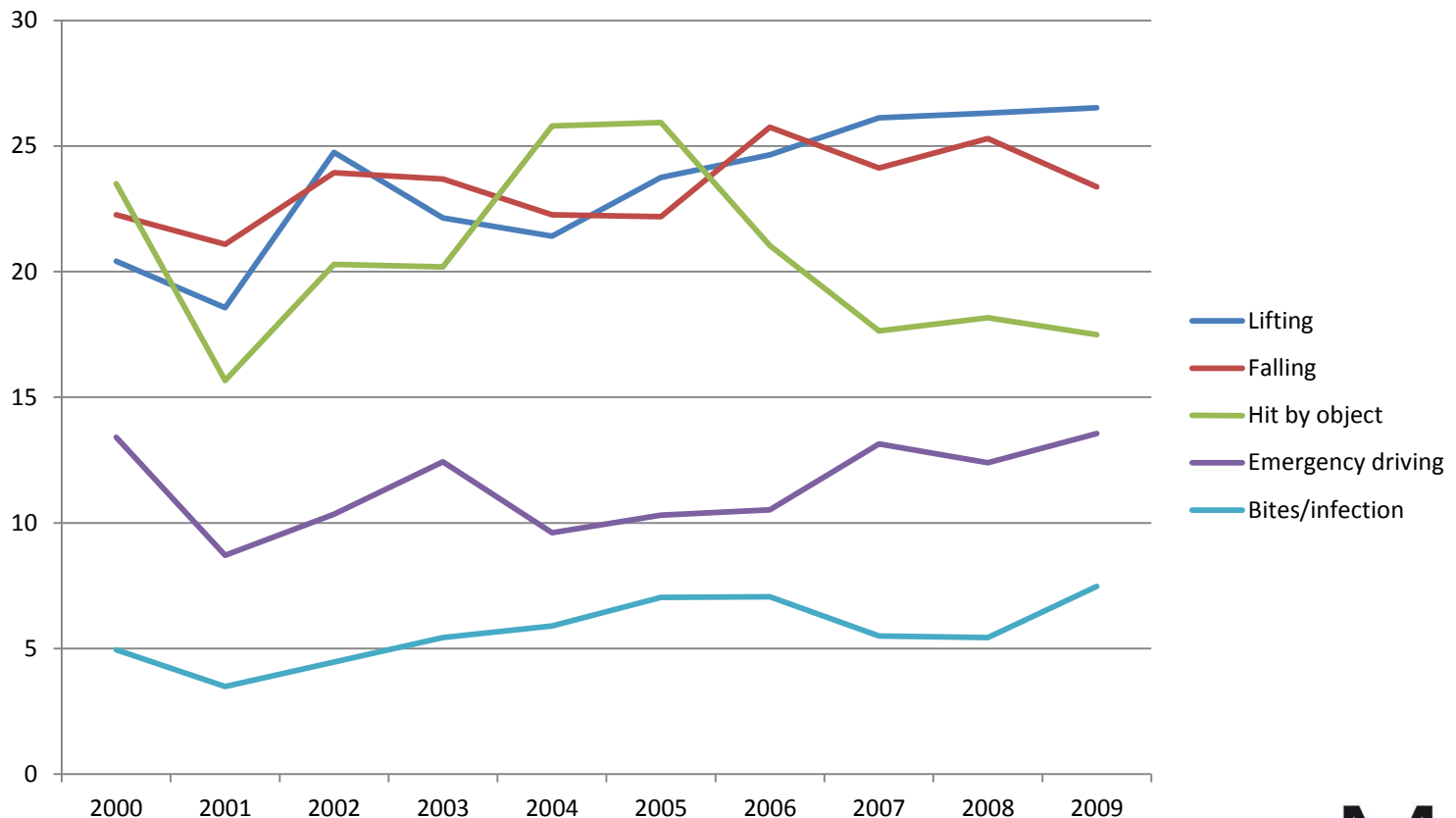
Arbejdsmedicinsk Klinik
Hospitalsenheden Vest
Regionshospitalet Herning

MARS
MEN | ACCIDENTS | RISK | SAFETY

Background

Relevance of lifting accidents for ambulance personnel

Top 5 - types of accidents among emergency service workers. Pct



Background

Relevance of lifting accidents for ambulance personnel

Work injuries related to lifting are the most prevalent among ambulance personnel (AP) despite the introduction of 'assistive technologies' (AT) that help reduce situations of manual lifting.

One third of the AP report using AT only 'sometimes' and 10% report having lifted a patient alone.

What are the reasons for choosing not to use AT? Can theories of gender and masculinity be used to explain this choice? Is refraining from using AT's or lifting alone a way – for men – of displaying masculinity?

Masculinities

Studying differences between men

Masculinities and femininities as *social constructions of gender*.

Everyone is 'doing gender' as part of the routines they take part in through their everyday living (West & Zimmerman, 1987). Doing gender is enacted by a diversity of practices e.g. 'gender displays' (Goffman, 1976). The consequence of this is that being a man or a woman is not something singular – there are different ways of doing 'man' and 'woman'. It is not a question of being masculine *or* feminine. It is a question of which *masculinities* or *feminities* are enacted through a person's actions (Connell, 2005).

"There is no such thing as masculinity; there are only masculinities, and the view of 'all men' as a single, large category in relation to 'all women' is misleading." (Sabo 2005, p. 336)

Example

Lifting alone or without AT's



“One of the male ambulance-workers biggest challenges in their everyday work practices in relation to safety is the (gender-)stereotypical expectations they are faced with by personnel in care homes and hospitals. I was informed by several ambulance-workers..., that nurses in hospitals and social- and health assistants often show little understanding when EMTs would like equipment for lifting a non-emergent patient, although very conscious of the fact that they themselves are not allowed to lift the patient, they never understands why an EMT cannot do it. Male ambulance-workers often explained how female nurses and social- and health assistants would do ‘ceremonial work as the ritualization of gender order’ (Gherardi 1994:598ff), *‘ohh, there comes two strong guys, would you not grab the patient’*, in order charm them to lift more than they like to. Interestingly, most male ambulance-workers were too health and safety aware to be charmed. Actually it oftentimes has the opposite effect, they often get offended, *‘do they think their backs are worth more than yours?’* ... Part of the problem is probably self-induced because of the past ‘Tarzan-syndrome’ among Danish emergency-workers.” (Kyed 2012, p. 4)

Lifting alone or without AT's as a way of performing masculinity.

Hypotheses

Men more in line with traditional ideals of masculinity will be more likely to lift heavy burdens alone or without using AT than men who are in opposition to these views.

Hypotheses:

- 1) The more traditional masculinity ideals a man adheres to the higher the risk of reporting having lifted alone (because lifting alone is seen as a display of masculinity and asking for help as a sign of weakness).
- 2) Lifting alone or without using AT's increase the risk of experiencing a work accident due to lifting related injuries (such as sprains and strains of the back).

Methods and Materials (1)

Cohort study of ambulance workers in a Danish firm covering 85 % of all emergency dispatch calls in Denmark (N = 3,888)

62% (n = 2,426) completed questionnaires in autumn/winter 2010/11. In this presentation only males employed as AP were included (N = 1,606)

Outcome measures:

1. Self-reported accident due to lifting ('Har du været udsat for en arbejdsulykke indenfor de sidste 6 måneder?' 'Yes, due to excessive strain caused by lifting')
2. Company-registered accidents classified as caused by lifting

Methods and Materials (2)

Lifting with assistive technologies: *Do you use assistive technologies, when you lift or move a patient?* (No, never; Seldom; Sometimes; Often; Very often)

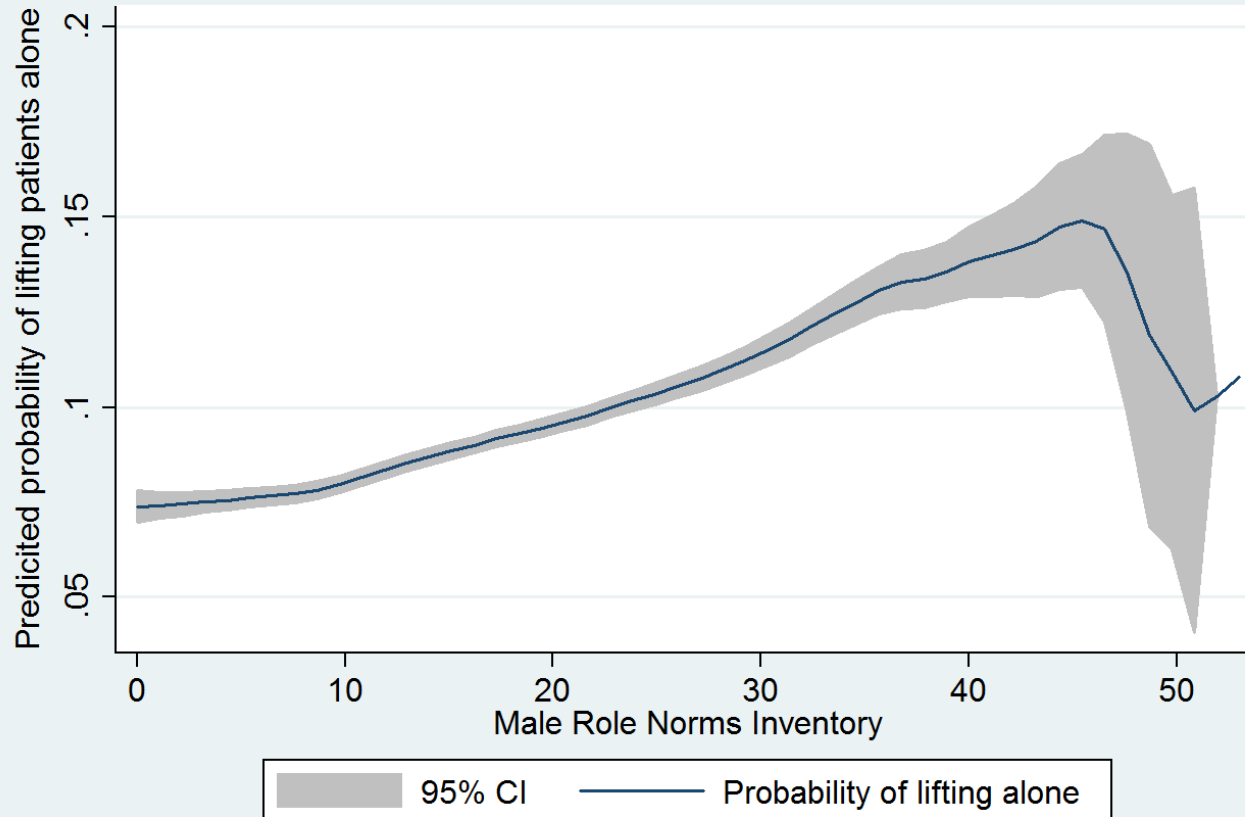
Lifting patients alone: *Does it happen that you lift or move a patient alone even if you should have been two doing that job?* (No, never; Seldom; Sometimes; Often; Very often)

Show Strength: *I like to show that I have the strength to manage my work alone* (Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree)

Results (1)

Masculinity (at t1) and lifting alone (at t2)

Association of masculinity and lifting alone



The probability of moving alone is lowest for those adhering the least to the traditional masculinity ideals – among this group app 6% report having lifted alone.

For those scoring above the 95th percentile on MRNI – the probability is 17%

Results (2)

Lifting alone and risk of subsequent lifting accidents (self-reported)

Logistic regression	Number of obs	=	1065
	LR chi2(3)	=	21.86
	Prob > chi2	=	0.0001
Log likelihood = -244.61	Pseudo R2	=	0.0428

arbulløft	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
movealone						
L1.	1.474622	.2565677	2.23	0.026	1.048531	2.073864
ryg						
L1.	1.344979	.1010228	3.95	0.000	1.160863	1.558297
alder	1.005649	.0116155	0.49	0.626	.9831383	1.028674
_cons	.0101256	.0065194	-7.13	0.000	.0028666	.0357657

Lifting alone (at t1) is associated with a higher risk of self-reported lifting accidents (at t2) when adjusting for low-back pain at t1.

(Further adjustments for physical work environment factors, safety leadership etc does not alter the association between lifting alone and self-reported lifting accidents).

Results (3)

Lifting alone and risk of subsequent lifting accidents (company register)

Logistic regression

Number of obs = 1629
LR chi2(4) = 25.87
Prob > chi2 = 0.0000
Pseudo R2 = 0.0354

Log likelihood = -351.99309

liftingacc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
movealone	.9309113	.147291	-0.45	0.651	.6826988	1.269368
ryg	1.26211	.0800466	3.67	0.000	1.114581	1.429166
showstrength	1.541913	.339506	1.97	0.049	1.00147	2.374005
alder	1.027145	.009732	2.83	0.005	1.008247	1.046398
_cons	.0077989	.0042717	-8.86	0.000	.0026657	.0228172

Lifting alone (at t1) is unassociated with lifting accidents in the 2 year follow-up period.

However, indicating that the participant would like to show that he has the strength to do the work tasks himself raise the risk of experiencing a lifting accident in the follow-up period even after adjusting for low back pain at t1.

Conclusions

This presentation has argued that:

- 1) Scoring higher on Male Role Norms Inventory-Revised leads to a higher risk of lifting alone and lifting without AT's
- 2) Those lifting alone or without AT's have a higher risk of experiencing a self-reported accident in the 1 year follow-up period
- 3) Those indicating they would like to show that they have strength to carry out their work tasks themselves have a higher risk of experiencing a lifting accident in 2 year follow-up period.

In other words – adherence to traditional masculinity ideals may raise the risk of engaging in risky behaviour that could lead to lifting accidents (although the evidence is not completely conclusive)

Implications of the study

1. Can the results be generalised beyond the (narrow) context of ambulance workers? To other occupations? To other countries? Why for instance do female nursing assistants often lift patients alone? Certainly not in order to perform masculinity? (Slaughterhouse workers and cutting injuries?)
2. What is the relevance of gender and masculinity? If less than 10% report having lifted alone, and only a very small minority are in favour of the traditional ideals of masculinity – are there not more cost-effective ways of preventing accidents due to lifting or low-back pain?